

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: Nursing Facility, ICF/IID

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	26071.57	19503.01	45574.58	47403.00	18449.00	65852.00	20277.42
2	26609.15	19889.20	46498.35	49299.00	19187.00	68486.00	21987.65
3	27038.55	20283.05	47321.60	51271.00	19954.00	71225.00	23903.40
4	27624.24	20684.69	48308.93	53322.00	20753.00	74075.00	25766.07
5	28132.55	21094.29	49226.84	55455.00	21583.00	77038.00	27811.16

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. Number Of Unduplicated Participants Served. Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
		Nursing Facility	ICF/IID
Year 1	1350	1307	43
Year 2	1364	1320	44
Year 3	1377	1333	44
Year 4	1391	1347	44
Year 5	1405	1360	45

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J-2: Derivation of Estimates (2 of 9)

b. Average Length of Stay. Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

The fiscal data for each HCBS Waiver 372 is based on each designated waiver statistical year. The time period of the current CMS BI 372 report used to develop the ALOS is 10/01/16 – 09/30/17.

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J-2: Derivation of Estimates (3 of 9)

c. Derivation of Estimates for Each Factor. Provide a narrative description for the derivation of the estimates of the following factors.

i. Factor D Derivation. The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:

Factor D is not impacted by the increase in the population. However, Factor D is impacted by the transition from a fee-for-service program to a managed care capitation rate program. In the prior waiver period, Factor D was adjusted due to the transition to managed care. In this submission, the post-managed care values were increased by 2% each waiver year. The increase in the number of unduplicated participants reflects the managed care program's incentive to move individuals from the institutional setting to the HCBS waiver community setting.

The new participants are not expected to change the characteristics (risk profile) of the population. The underlying capitation rates reflect the risk profile of those qualifying for the HCBS waiver, which are reflected in Factor D and Factor D'.

The WY1 renewal Factor D cost was estimated utilizing WY5 of the prior submission (October 1, 2018 through September 30, 2019) as a baseline for the projection. The prior Appendix J submission illustrates an estimated Factor D cost of \$24,203.64 in WY5. The WY5 costs are based on a blend of the Factor D cost included in the IA Health Link capitation rates (for IA Health Link members) and historical FFS costs for the residual members not enrolled in IA Health Link. Most Brain Injury Waiver members are enrolled in the IA Health Link program.

ii. Factor D' Derivation. The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' is not impacted by the increase in the population. However, Factor D' is impacted by the transition from a fee-for-service program to a managed care capitation rate program. In the prior waiver period, Factor D' was adjusted due to the transition to managed care. In this submission, the post-managed care values were increased by 2% each waiver year. The increase in the number of unduplicated participants reflects the managed care program's incentive to move individuals from the institutional setting to the HCBS waiver community setting.

The new participants are not expected to change the characteristics (risk profile) of the population. The underlying capitation rates reflect the risk profile of those qualifying for the HCBS waiver, which are reflected in Factor D and Factor D'.

The Factor D' projection was based on assumptions provided by the State's actuary.

The WY1 renewal Factor D' cost was estimated utilizing WY5 of the prior submission (October 1, 2018 through September 30, 2019) as a baseline for the projection. The WY5 costs are based on a blend of the Factor D' cost included in the IA Health Link capitation rates (for IA Health Link members) and historical FFS costs for the residual members not enrolled in IA Health Link. Most Health and Disability Waiver members are enrolled in the IA Health Link program.

iii. Factor G Derivation. The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The date of the MSIS reports used to develop the projections for Factor G and Factor G' was October 1, 2016. The annual CMS 372 reports that the State submits are based on MMIS reports. Also, Factor G and G' projections are based on assumptions provided by the State's actuary.

The historical data used in the Factor G and G' projections are based on assumptions provided by the State's actuary. These assumptions are based on historical data going back to 2014.

iv. Factor G' Derivation. The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G' - The state date of the MSIS reports used to develop the projections for Factor G and Factor G' was October 1, 2016. The annual CMS 372 reports that the State submits are based on MMIS reports. Also, Factor G and G' projections are based on assumptions provided by the State's actuary.

The historical data used in the Factor G and G' projections are based on assumptions provided by the State's actuary. These assumptions are based on historical data going back to 2014.

The change in the number of lives does not have any influence over the calculation of Factor G and/or Factor G'. These are established from historical data and have been maintained from the prior waiver amendment filings. Factor G' was carried forward without adjustment from the prior 1915(c) waiver filing. The percentage increase for Factor G' is derived from historical Iowa Medicaid cost trends.

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J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services	
Adult Day Care	
Case Management	
Consumer Directed Attendant Care - Skilled	
Prevocational Services	
Respite	
Supported Employment	
Specialized Medical Equipment	
Financial Management Service - Supports the self-direction option	
Behavioral Programming	
Consumer Directed Attendant Care (CDAC) unskilled	
Family Counseling and Training Services	
Home and Vehicle Modification	
Independent Support Broker - Consumer Choices Option	
Interim Medical Monitoring and Treatment (IMMT)	
Personal Emergency Response System or Portable Locator System	
Self Directed Community Support and Employment	
Self Directed Goods and Services	
Self Directed Personal Care - Consumer Choices Option	
Supported Community Living	
Transportation	

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d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937). Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							764091.29
Adult Day Care - Extended Day		Day	4	180.80	64.53	46668.10	
Adult Day Care - 15 Minutes		15 Minutes	1	1245.30	4.04	5031.01	
Adult Day Care - Half Day		Half Day	31	52.90	36.47	59807.15	
Adult Day Care - Full Day		Day	91	125.90	56.96	652585.02	
Case Management Total:							3325777.00
Case Management		15 Minutes	1288	45.50	56.75	3325777.00	
Consumer Directed Attendant Care - Skilled Total:							389061.33
CDAC Skilled Individual		15 Minutes	17	4577.00	3.57	277778.13	
CDAC Skilled Agency		15 Minutes	14	1440.00	5.52	111283.20	
Prevocational Services Total:							294738.18
Pre- Vocational Service, Hour		Hour	0	0.00	0.01	0.00	
Pre- Vocational Service, Daily		Day	51	482.00	11.99	294738.18	
Respite Total:							2874685.43
Respite - ICF/ID		15 Minutes	3	960.00	7.02	20217.60	
Respite - HHA specialized		15 Minutes	11	803.00	9.47	83648.51	
Respite - Child Care		15 Minutes	3	200.60	7.44	4477.39	
Group Specialized Summer Day Camp		15 Minutes	9	163.20	6.84	10046.59	
Respite - Home Care Agcy & Non-		15 Minutes	11	80.00	95.06	83652.80	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							35196623.65 35196623.65 0.00 1350 26071.57 26071.57 0.00 330

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Facility, Specialized							
Respite - Home Care Agcy & Non- Facility, Group		15 Minutes	77	482.20	6.85	254336.39	
Respite Adult Day Care		15 Minutes	1	50.00	13.98	699.00	
Teen Day Camp - 13 to 21 years old		15 Minutes	1	271.00	10.96	2970.16	
Respite Resident Camp - Weeklong		15 Minutes	3	115.00	5.39	1859.55	
Respite - hospital or nursing facility/skilled		15 Minutes	1	552.00	7.43	4101.36	
Respite - RCF		15 Minutes	1	960.00	7.02	6739.20	
Respite - Foster Group Care		15 Minutes	1	2.00	7.50	15.00	
Respite - HHA basic individual		15 Minutes	84	525.00	8.07	355887.00	
Respite - Camp		15 Minutes	1	4.00	6.87	27.48	
Respite - Home Care Agcy & Non- Facility, Basic Individual		15 Minutes	341	658.80	9.04	2030843.23	
Weekend On- Site Respite - Camp		15 Minutes	3	704.00	7.18	15164.16	
Respite - Assisted Living Program		15 Minutes	0	0.00	0.01	0.00	
Supported Employment Total:							578414.40
Maintain Employment - Individual		15 Minutes	67	12.00	570.15	458400.60	
Obtain a Job		15 minutes	1	60.00	67.67	4060.20	
Job Development		Service	0	0.00	0.01	0.00	
Employer						0.00	
GRAND TOTAL:							35196623.65
Total: Services included in capitation:							35196623.65
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							1350
Factor D (Divide total by number of participants):							26071.57
Services included in capitation:							26071.57
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							330

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Development		Service	0	0.00	0.01		
Maintain Employment - Small Group		15 Minutes	29	2040.00	1.96	115953.60	
Enhanced Job Search		15 Minutes	0	0.00	0.01	0.00	
Specialized Medical Equipment Total:							49960.93
Specialized Medical Equipment		Occurence	43	1.70	683.46	49960.93	
Financial Management Service - Supports the self-direction option Total:							304527.45
Financial Management Service - Supports the self-direction option		Month	353	9.20	93.77	304527.45	
Behavioral Programming Total:							0.00
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Consumer Directed Attendant Care (CDAC) unskilled Total:							3501412.87
CDAC - Unskilled Agency		15 Minutes	126	1439.80	5.52	1001409.70	
CDAC - Unskilled Individual		15 Minutes	153	4577.00	3.57	2500003.17	
Family Counseling and Training Services Total:							63988.85
Family Counseling and Training Services		15 Minutes	22	238.80	12.18	63988.85	
Home and Vehicle Modification							164428.26
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							35196623.65 35196623.65 0.00 1350 26071.57 26071.57 0.00 330

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Total:							
Home and Vehicle Modification		Occurrence	53	1.20	2585.35	164428.26	
Independent Support Broker - Consumer Choices Option Total:							51636.84
Independent Support Broker - Consumer Choices Option		Hour	353	9.20	15.90	51636.84	
Interim Medical Monitoring and Treatment (IMMT) Total:							19529.60
IMMT, RN		15 Minutes	4	718.00	5.44	15623.68	
IMMT, HHA		15 Minutes	1	718.00	5.44	3905.92	
Personal Emergency Response System or Portable Locator System Total:							55301.95
Personal Emergency Response - Ongoing		Month	153	9.90	35.67	54029.35	
Personal Emergency Response - Initial		Installation	18	1.40	50.50	1272.60	
Self Directed Community Support and Employment Total:							1565180.82
Self Directed Community Support and Employment		Month	353	9.20	481.95	1565180.82	
Self Directed Goods and Services Total:							381203.29
Adult Day Care - Extended Day		Month	353	9.20	117.38	381203.29	
Self Directed Personal Care - Consumer Choices Option							2862954.26
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							35196623.65 35196623.65 0.00 1350 26071.57 26071.57 0.00 330

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Total:							
Self Directed Personal Care - Consumer Choices Option		Month	353	9.20	881.56	2862954.26	
Supported Community Living Total:							17429639.62
Supported Community Living - 15 Minutes		15 Minutes	497	881.30	8.79	3850073.62	
Supported Community Living - Daily		Daily	204	1024.10	65.00	13579566.00	
Transportation Total:							520091.30
Transportation - Trip		Trip	48	71.30	10.09	34532.02	
Transportation - Per Mile		Mile	212	325.80	7.03	485559.29	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							35196623.65 35196623.65 0.00 1350 26071.57 26071.57 0.00 330

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							794705.60
Adult Day Care -						46668.10	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							36294884.96 36294884.96 0.00 1364 26609.15 26609.15 0.00 337

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Extended Day		Day	4	180.80	64.53		
Adult Day Care - 15 Minutes		15 minutes	1	1245.30	4.04	5031.01	
Adult Day Care - Half Day		half day	32	52.90	36.47	61736.42	
Adult Day Care - Full Day		Day	95	125.90	56.96	681270.08	
Case Management Total:							3452301.12
Case Management		15 Minutes	1337	45.50	56.75	3452301.12	
Consumer Directed Attendant Care - Skilled Total:							405401.22
CDAC Skilled Individual		Day	18	4577.00	3.57	294118.02	
CDAC Skilled Agency		hour	14	1440.00	5.52	111283.20	
Prevocational Services Total:							306296.54
Pre- Vocational Service, Hour		Hour	53	482.00	11.99	306296.54	
Pre- Vocational Service, Daily		Day	0	0.00	0.01	0.00	
Respite Total:							2953601.40
Respite - ICF/ID		hour	3	960.00	7.02	20217.60	
Respite - HHA specialized		hour	11	803.00	9.47	83648.51	
Respite - Child Care		hour	3	200.60	7.44	4477.39	
Group Specialized Summer Day Camp		hour	9	163.20	6.87	10090.66	
Respite - Home Care Agcy & Non- Facility, Specialized		hour	11	80.00	95.06	83652.80	
Respite - Home Care Agcy & Non-		hour	79	482.20	6.85	260942.53	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							36294884.96 36294884.96 0.00 1364 26609.15 26609.15 0.00 337

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Facility, Group							
Respite Adult Day Care		15 Minutes	1	50.00	13.98	699.00	
Teen Day Camp - 13 to 21 years old		hour	1	271.00	10.96	2970.16	
Respite Resident Camp - Weeklong		hour	3	115.00	5.39	1859.55	
Respite - hospital or nursing facility/skilled		hour	1	552.00	7.43	4101.36	
Respite - RCF		15 Minutes	1	960.00	7.02	6739.20	
Respite - Foster Group Care		15 Minutes	1	2.00	7.50	15.00	
Respite - HHA basic individual		hour	87	525.00	8.07	368597.25	
Respite - Camp		hour	1	4.00	6.87	27.48	
Respite - Home Care Agcy & Non- Facility, Basic Individual		hour	351	658.80	9.04	2090398.75	
Weekend On- Site Respite - Camp		hour	3	704.00	7.18	15164.16	
Respite - Assisted Living Program		15 Minutes	0	0.00	0.01	0.00	
Supported Employment Total:							596096.40
Maintain Employment - Individual		month	69	12.00	570.15	472084.20	
Obtain a Job		hour	1	60.00	67.67	4060.20	
Job Development		Service	0	0.00	0.01	0.00	
Employer Development		Service	0	0.00	0.01	0.00	
Maintain Employment - Small Group		15 minutes	30	2040.00	1.96	119952.00	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							36294884.96 36294884.96 0.00 1364 26609.15 26609.15 0.00 337

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Enhanced Job Search		15 Minutes	0	0.00	0.01	0.00	
Specialized Medical Equipment Total:							51122.81
Specialized Medical Equipment		occurrence	44	1.70	683.46	51122.81	
Financial Management Service - Supports the self-direction option Total:							314016.98
Financial Management Service - Supports the self-direction option		month	364	9.20	93.77	314016.98	
Behavioral Programming Total:							0.00
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Behavioral Programming		15 Minutes	0	0.00	0.01	0.00	
Consumer Directed Attendant Care (CDAC) unskilled Total:							3614903.10
CDAC - Unskilled Agency		hour	130	1439.80	5.52	1033200.48	
CDAC - Unskilled Individual		hour	158	4577.00	3.57	2581702.62	
Family Counseling and Training Services Total:							66897.43
Family Counseling and Training Services		hour	23	238.80	12.18	66897.43	
Home and Vehicle Modification Total:							170633.10
Home and Vehicle Modification		occurrence	55	1.20	2585.35	170633.10	
Independent							53245.92
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							36294884.96 36294884.96 0.00 1364 26609.15 26609.15 0.00 337

[illegible]

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Supported Community Living Total:							17945238.02
Supported Community Living - 15 Minutes		hour	512	881.30	8.79	3966273.02	
Supported Community Living - Daily		Mile	210	1024.10	65.00	13978965.00	
Transportation Total:							534552.96
Transportation - Trip		Trip	49	71.30	10.09	35251.43	
Transportation - Per Mile		Mile	218	325.80	7.03	499301.53	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							36294884.96 36294884.96 0.00 1364 26609.15 26609.15 0.00 337

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							810817.91
Adult Day Care - Extended Day		Day	4	180.80	64.53	46668.10	
Adult Day Care - 15 Minutes		15 Minutes	1	1245.30	4.01	4993.65	
Adult Day Care - Half						63665.68	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							37232087.49 37232087.49 0.00 1377 27038.55 27038.55 0.00 343

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Day		Half Day	33	52.90	36.47		
Adult Day Care - Full Day		Day	97	125.90	56.95	695490.48	
Case Management Total:							3527182.75
Case Management		15 Minutes	1366	45.50	56.75	3527182.75	
Consumer Directed Attendant Care - Skilled Total:							413350.02
CDAC Skilled Individual		Day	18	4577.00	3.57	294118.02	
CDAC Skilled Agency		Hour	15	1440.00	5.52	119232.00	
Prevocational Services Total:							312075.72
Pre- Vocational Service, Hour		Hour	54	482.00	11.99	312075.72	
Pre- Vocational Service, Daily		Day	0	0.00	0.01	0.00	
Respite Total:							3053825.58
Respite - ICF/ID		Hour	3	960.00	7.02	20217.60	
Respite - HHA specialized		Hour	12	803.00	9.47	91252.92	
Respite - Child Care		Hour	3	200.60	7.44	4477.39	
Group Specialized Summer Day Camp		Hour	10	163.20	6.87	11211.84	
Respite - Home Care Agcy & Non- Facility, Specialized		Hour	12	80.00	95.06	91257.60	
Respite - Home Care Agcy & Non- Facility, Group		Hour	82	482.20	6.85	270851.74	
Respite Adult Day Care		15 Minutes	1	50.00	13.98	699.00	
Teen Day Camp - 13 to		Hour				2970.16	
GRAND TOTAL:							37232087.49
Total: Services included in capitation:							37232087.49
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							1377
Factor D (Divide total by number of participants):							27038.55
Services included in capitation:							27038.55
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							343

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
21 years old			1	271.00	10.96		
Respite Resident Camp - Weeklong		Hour	3	115.00	5.39	1859.55	
Respite - hospital or nursing facility/skilled		Hour	1	552.00	7.43	4101.36	
Respite - RCF		15 Minutes	1	960.00	7.02	6739.20	
Respite - Foster Group Care		15 Minutes	1	2.00	7.50	15.00	
Respite - HHA basic individual		Hour	89	525.00	8.07	377070.75	
Respite - Camp		Hour	1	4.00	6.87	27.48	
Respite - Home Care Agcy & Non-Facility, Basic Individual		Hour	362	658.80	9.04	2155909.82	
Weekend On-Site Respite - Camp		Hour	3	704.00	7.18	15164.16	
Respite - Assisted Living Program		15 Minutes	0	0.00	0.01	0.00	
Supported Employment Total:							613778.40
Maintain Employment - Individual		Month	71	12.00	570.15	485767.80	
Obtain a Job		Hour	1	60.00	67.67	4060.20	
Job Development		Service	0	0.00	0.01	0.00	
Employer Development		Service	0	0.00	0.01	0.00	
Maintain Employment - Small Group		15 min	31	2040.00	1.96	123950.40	
Enhanced Job Search		15 Minutes	0	0.00	0.01	0.00	
Specialized Medical Equipment Total:							53446.57
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							37232087.49 37232087.49 0.00 1377 27038.55 27038.55 0.00 343

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Medical Equipment		Occurrence	46	1.70	683.46	53446.57	
Financial Management Service - Supports the self-direction option Total:							322643.82
Financial Management Service - Supports the self-direction option		Month	374	9.20	93.77	322643.82	
Behavioral Programming Total:							0.00
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Consumer Directed Attendant Care (CDAC) unskilled Total:							3712053.44
CDAC - Unskilled Agency		Hour	134	1439.80	5.52	1064991.26	
CDAC - Unskilled Individual		Hour	162	4577.00	3.57	2647062.18	
Family Counseling and Training Services Total:							66897.43
Family Counseling and Training Services		Hour	23	238.80	12.18	66897.43	
Home and Vehicle Modification Total:							173735.52
Home and Vehicle Modification		Occurrence	56	1.20	2585.35	173735.52	
Independent Support Broker - Consumer Choices Option Total:							54708.72
Independent Support Broker -		Hour	374	9.20	15.90	54708.72	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							37232087.49 37232087.49 0.00 1377 27038.55 27038.55 0.00 343

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Consumer Choices Option							
Interim Medical Monitoring and Treatment (IMMT) Total:							19529.60
IMMT, RN		Hour	1	718.00	5.44	3905.92	
IMMT, HHA		Hour	4	718.00	5.44	15623.68	
Personal Emergency Response System or Portable Locator System Total:							58550.85
Personal Emergency Response - Ongoing		Month	162	9.90	35.67	57207.55	
Personal Emergency Response - Initial		Installation	19	1.40	50.50	1343.30	
Self Directed Community Support and Employment Total:							1658293.56
Self Directed Community Support and Employment		Month	374	9.20	481.95	1658293.56	
Self Directed Goods and Services Total:							403881.10
Adult Day Care - Extended Day		Month	374	9.20	117.38	403881.10	
Self Directed Personal Care - Consumer Choices Option Total:							2964455.65
Self Directed Personal Care - Consumer Choices Option		Hour	374	9.20	861.56	2964455.65	
Supported Community Living Total:							18460836.43
Supported Community Living - 15		Hour	527	881.30	8.79	4082472.43	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							37232087.49 37232087.49 0.00 1377 27038.55 27038.55 0.00 343

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Minutes							
Supported Community Living - Daily		Day	216	1024.10	65.00	14378364.00	
Transportation Total:							552024.42
Transportation - Trip		Trip	51	71.30	10.09	36690.27	
Transportation - Per Mile		Mile	225	325.80	7.03	515334.15	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							37232087.49 37232087.49 0.00 1377 27038.55 27038.55 0.00 343

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 4

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							825450.59
Adult Day Care - Extended Day		Day	4	180.80	64.53	46668.10	
Adult Day Care - 15 Minutes		15 Minutes	1	1245.30	4.04	5031.01	
Adult Day Care - Half Day		Half Day	34	52.90	35.47	63796.34	
Adult Day Care - Full Day		Day	99	125.90	56.96	709955.14	
Case							3591735.88
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							38425320.29 38425320.29 0.00 1391 27624.24 27624.24 0.00 350

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Management Total:							
Case Management		15 minutes	1391	45.50	56.75	3591735.88	
Consumer Directed Attendant Care - Skilled Total:							429689.91
CDAC Skilled Individual		Day	19	4577.00	3.57	310457.91	
CDAC Skilled Agency		Hour	15	1440.00	5.52	119232.00	
Prevocational Services Total:							323634.08
Pre-Vocational Service, Hour		Hour	56	482.00	11.99	323634.08	
Pre-Vocational Service, Daily		Day	0	0.00	0.01	0.00	
Respite Total:							3138653.04
Respite - ICF/ID		Hour	3	960.00	7.02	20217.60	
Respite - HHA specialized		Hour	12	803.00	9.47	91252.92	
Respite - Child Care		Hour	3	200.60	7.44	4477.39	
Group Specialized Summer Day Camp		Hour	10	163.20	6.87	11211.84	
Respite - Home Care Agcy & Non-Facility, Specialized		Hour	12	80.00	95.06	91257.60	
Respite - Home Care Agcy & Non-Facility, Group		Hour	84	482.20	6.85	277457.88	
Respite Adult Day Care		15 Minutes	1	50.00	13.98	699.00	
Teen Day Camp - 13 to 21 years old		Hour	1	271.00	10.96	2970.16	
Respite Resident Camp - Weeklong		Hour	3	115.00	5.39	1859.55	
GRAND TOTAL:							38425320.29
Total: Services included in capitation:							38425320.29
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							1391
Factor D (Divide total by number of participants):							27624.24
Services included in capitation:							27624.24
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							350

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite - hospital or nursing facility/skilled		Hour	1	552.00	7.43	4101.36	
Respite - RCF		15 Minutes	1	960.00	7.02	6739.20	
Respite - Foster Group Care		15 Minutes	1	2.00	7.50	15.00	
Respite - HHA basic individual		Hour	92	525.00	8.07	389781.00	
Respite - Camp		Hour	1	4.00	6.87	27.48	
Respite - Home Care Agcy & Non- Facility, Basic Individual		Hour	373	658.80	9.04	2221420.90	
Weekend On- Site Respite - Camp		Hour	3	704.00	7.18	15164.16	
Respite - Assisted Living Program		15 Minutes	0	0.00	0.01	0.00	
Supported Employment Total:							631460.40
Maintain Employment - Individual		Month	73	12.00	570.15	499451.40	
Obtain a Job		hour	1	60.00	67.67	4060.20	
Job Development		Service	0	0.00	0.01	0.00	
Employer Development		Service	0	0.00	0.01	0.00	
Maintain Employment - Small Group		15 min	32	2040.00	1.96	127948.80	
Enhanced Job Search		15 Minutes	0	0.00	0.01	0.00	
Specialized Medical Equipment Total:							54608.45
Specialized Medical Equipment		Occurence	47	1.70	683.46	54608.45	
Financial Management Service -							332996.02
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							38425320.29 38425320.29 0.00 1391 27624.24 27624.24 0.00 350

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Supports the self-direction option Total:							
Financial Management Service - Supports the self-direction option		Month	386	9.20	93.77	332996.02	
Behavioral Programming Total:							0.00
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Consumer Directed Attendant Care (CDAC) unskilled Total:							3825543.68
CDAC - Unskilled Agency		Hour	138	1439.80	5.52	1096782.05	
CDAC - Unskilled Individual		Hour	167	4577.00	3.57	2728761.63	
Family Counseling and Training Services Total:							69806.02
Family Counseling and Training Services		Hour	24	238.80	12.18	69806.02	
Home and Vehicle Modification Total:							186900.36
Home and Vehicle Modification		Occurrence	58	1.20	2685.35	186900.36	
Independent Support Broker - Consumer Choices Option Total:							56464.08
Independent Support Broker - Consumer Choices Option		Hour	386	9.20	15.90	56464.08	
Interim Medicinal Monitoring and Treatment							19529.60
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							38425320.29 38425320.29 0.00 1391 27624.24 27624.24 0.00 350

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
(IMMT) Total:							
IMMT, RN		Hour	1	718.00	5.44	3905.92	
IMMT, HHA		Hour	4	718.00	5.44	15623.68	
Personal Emergency Response System or Portable Locator System Total:							60387.21
Personal Emergency Response - Ongoing		Month	167	9.90	35.67	58973.21	
Personal Emergency Response - Initial		Installation	20	1.40	50.50	1414.00	
Self Directed Community Support and Employment Total:							1711500.84
Self Directed Community Support and Employment		Month	386	9.20	481.95	1711500.84	
Self Directed Goods and Services Total:							416839.86
Adult Day Care - Extended Day		Month	386	9.20	117.38	416839.86	
Self Directed Personal Care - Consumer Choices Option Total:							3130595.87
Self Directed Personal Care - Consumer Choices Option		Hour	386	9.20	881.56	3130595.87	
Supported Community Living Total:							19050747.96
Supported Community Living - 15 Minutes		Hour	543	881.30	8.79	4206418.46	
Supported Community Living - Daily		Day	223	1024.10	65.00	14844329.50	
Transportation Total:							568776.45
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							38425320.29 38425320.29 0.00 1391 27624.24 27624.24 0.00 350

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Transportation - Trip		Trip	52	71.30	10.09	37409.68	
Transportation - Per Mile		Mile	232	325.80	7.03	531366.77	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							38425320.29 38425320.29 0.00 1391 27624.24 27624.24 0.00 350

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Adult Day Care Total:							862359.26
Adult Day Care - Extended Day		Day	5	180.80	64.53	58335.12	
Adult Day Care - 15 Minutes		15 Minutes	1	1245.30	4.04	5031.01	
Adult Day Care - Half Day		Half Day	35	52.90	36.47	67524.20	
Adult Day Care - Full Day		Day	102	125.90	56.96	731468.93	
Case Management Total:							3627885.62
Case Management		15 minutes	1405	45.50	56.75	3627885.62	
Consumer Directed							437638.71
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							39526235.17 39526235.17 0.00 1405 28132.55 28132.55 0.00 357

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Attendant Care - Skilled Total:							
CDAC Skilled Individual		Day	19	4577.00	3.57	310457.91	
CDAC Skilled Agency		Hour	16	1440.00	5.52	127180.80	
Prevocational Services Total:							329413.26
Pre-Vocational Service, Hour		Hour	57	482.00	11.99	329413.26	
Pre-Vocational Service, Daily		Day	0	0.00	0.01	0.00	
Respite Total:							3226783.97
Respite - ICF/ID		Hour	3	960.00	7.02	20217.60	
Respite - HHA specialized		Hour	12	803.00	9.47	91252.92	
Respite - Child Care		Hour	3	200.60	7.44	4477.39	
Group Specialized Summer Day Camp		Hour	10	163.20	6.87	11211.84	
Respite - Home Care Agcy & Non-Facility, Specialized		Hour	12	80.00	95.06	91257.60	
Respite - Home Care Agcy & Non-Facility, Group		Hour	87	482.20	6.85	287367.09	
Respite Adult Day Care		15 Minutes	1	50.00	13.98	699.00	
Teen Day Camp - 13 to 21 years old		Hour	1	271.00	10.96	2970.16	
Respite Resident Camp - Weeklong		Hour	3	115.00	5.39	1859.55	
Respite - hospital or nursing facility/skilled		Hour	1	552.00	7.43	4101.36	
Respite - RCF		15 Minutes	1	960.00	7.02	6739.20	
GRAND TOTAL:							39526235.17
Total: Services included in capitation:							39526235.17
Total: Services not included in capitation:							0.00
Total Estimated Unduplicated Participants:							1405
Factor D (Divide total by number of participants):							28132.55
Services included in capitation:							28132.55
Services not included in capitation:							0.00
Average Length of Stay on the Waiver:							357

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite - Foster Group Care		15 Minutes	1	2.00	7.50	15.00	
Respite - HHA basic individual		Hour	95	525.00	8.07	402491.25	
Respite - Camp		Hour	1	4.00	6.97	27.88	
Respite - Home Care Agcy & Non- Facility, Basic Individual		Hour	384	658.80	9.04	2286931.97	
Weekend On- Site Respite - Camp		Hour	3	704.00	7.18	15164.16	
Respite - Assisted Living Program		15 Minutes	0	0.00	0.01	0.00	
Supported Employment Total:							649142.40
Maintain Employment - Individual		Hour	75	12.00	570.15	513135.00	
Obtain a Job		A Job	1	60.00	67.67	4060.20	
Job Development		Service	0	0.00	0.01	0.00	
Employer Development		Service	0	0.00	0.01	0.00	
Maintain Employment - Small Group		Hour	33	2040.00	1.96	131947.20	
Enhanced Job Search		15 Minutes	0	0.00	0.01	0.00	
Specialized Medical Equipment Total:							55770.34
Specialized Medical Equipment		Occurence	48	1.70	683.46	55770.34	
Financial Management Service - Supports the self-direction option Total:							342485.55
Financial Management Service - Supports the		Month	397	9.20	93.77	342485.55	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							39526235.17 39526235.17 0.00 1405 28132.55 28132.55 0.00 357

Waiver Service/ Component	Capi- tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
self-direction option							
Behavioral Programming Total:							0.00
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Behavioral Programming		15 minutes	0	0.00	0.01	0.00	
Consumer Directed Attendant Care (CDAC) unskilled Total:							3939033.91
CDAC - Unskilled Agency		Hour	142	1439.80	5.52	1128572.83	
CDAC - Unskilled Individual		Hour	172	4577.00	3.57	2810461.08	
Family Counseling and Training Services Total:							72714.60
Family Counseling and Training Services		Hour	25	238.80	12.18	72714.60	
Home and Vehicle Modification Total:							189247.62
Home and Vehicle Modification		Occurrence	61	1.20	2585.35	189247.62	
Independent Support Broker - Consumer Choices Option Total:							58073.16
Independent Support Broker - Consumer Choices Option		Hour	397	9.20	15.90	58073.16	
Interim Medical Monitoring and Treatment (IMMT) Total:							23435.52
IMMT, RN		Hour	1	718.00	5.44	3905.92	
IMMT, HHA		Hour	5	718.00	5.44	19529.60	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							39526235.17 39526235.17 0.00 1405 28132.55 28132.55 0.00 357

Waiver Service/ Component	Capitation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Personal Emergency Response System or Portable Locator System Total:							62152.88
Personal Emergency Response - Ongoing		Month	172	9.90	35.67	60738.88	
Personal Emergency Response - Initial		Installation	20	1.40	50.50	1414.00	
Self Directed Community Support and Employment Total:							1760274.18
Self Directed Community Support and Employment		Month	397	9.20	481.95	1760274.18	
Self Directed Goods and Services Total:							428718.71
Adult Day Care - Extended Day		Month	397	9.20	117.38	428718.71	
Self Directed Personal Care - Consumer Choices Option Total:							3219809.74
Self Directed Personal Care - Consumer Choices Option		Hour	397	9.20	881.56	3219809.74	
Supported Community Living Total:							19640659.49
Supported Community Living - 15 Minutes		Hour	559	881.30	8.79	4330364.49	
Supported Community Living - Daily		Day	230	1024.10	65.00	15310295.00	
Transportation Total:							600636.24
Transportation - Trip		Trip	74	71.30	10.09	53236.86	
Transportation - Per Mile		Mile	239	325.80	7.03	547399.39	
GRAND TOTAL: Total: Services included in capitation: Total: Services not included in capitation: Total Estimated Unduplicated Participants: Factor D (Divide total by number of participants): Services included in capitation: Services not included in capitation: Average Length of Stay on the Waiver:							39526235.17 39526235.17 0.00 1405 28132.55 28132.55 0.00 357